

☒ YES ☐ NO

PLEASE  
LETTER  
PLAINLY  
OR TYPE

Collaborator if any \_\_\_\_\_ Artist Sandra M. August  
FIRST NAME LAST NAME  
Address 155 East 214 th St. Euclid 23, Ohio Tel. Re 11082  
NO. STREET CITY ZONE COUNTY

☐ YES ☐ NO

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[illegible]

Use second blank if required

REC'D MAR 11 1963

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

SIGNATURE